

Printed Name: Mau

(see instruction # 8 on back of form)

Capacity/Title:

## CERTIFICATE OF ASSUMED BUSINESS NAME

FILED EFFECTIVE

Pursuant to Section 53-504, Idaho Code, the undersigned submits for filing a certificate of Assumed Business Name.

06 MAY -5 PM 1:48

## Please type or print legibly. NOTE: See instructions on reverse before filing.

SECRETARY OF STATE STATE OF IDAHO

The assumed business name which the undersign business is:  Aguilar Transi	
2. The true name(s) and <u>business</u> address(es) of the business under the assumed business name:  Name  Mauricio Aguilar 25	e entity or individual(s) doing  Complete Address  OU F. Ohio Ave  ampa Dd 83686
3. The general type of business transacted under the Retail Trade Transportation and P Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate  4. The name and address to which future correspondence should be addressed:    Mauricio Aquilar   2510 E. Okio Ave   Nampa ID 83686	
5. Name and address for this acknowledgment copy is (if other than # 4 above):	Phone number (optional): (a08)318-0341
signature: Man Hand	Secretary of State use only

g:\corp\forms\abn forms\a Revised 04/2003

IDAHO SECRETARY OF STATE **05/05/2006 05:00** CK: 1836 CT: 158010 BH: 953283 8 25.00 = 25.00 ASSUM NAME # 2

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